

**PATTON BOGGS LLP**  
ATTORNEYS AT LAW

887 Coal Creek Circle, Suite 200  
Louisville, CO 80027-9750  
303-379-1100

Facsimile 303-379-1155

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**To:** Examiner Kathleen Fonda  
**Company:** Commissioner Of Patents And Trademarks  
**Fax Number:** 1-703-746-5200  
**Phone Number:** 1-703-308-1620  
**Application No.:** 09/837,562

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**Total Pages**  
**Including Cover:** 5

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**From:** Elaine C. VonSpreckelsen, Secretary to Carl A. Forest  
**Sender's Direct Line:** 303-379-1111  
**Date:** October 9, 2002  
**Client Number:** 12439.104 (Formerly 12439.101B)

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**Comments:**

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**Serial No.:** 09/837,562      **Group No.** 1623  
**Filed:** 19 Apr 2001      **Examiner:** Fonda, Kathleen

Pursuant to our conversation earlier this morning, attached please find copies of the following documents mailed July 23, 2002 and to be entered in the above application:

1. Return Receipt Postcard indicating receipt by the USPTO on July 30, 2002 (1 page)
2. Transmittal Form PTO/SB/21 (1 page)
3. Associate Power Of Attorney (1 page)
4. Change Of Correspondence Address Form PTO/SB/122 (1 page)

Thank you for your prompt attention and assistance in this matter.

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*Chaire*

Receipt acknowledged by USPTO on the date stamped below:

In Re: Patent application of: Larry McCreary

Serial No.: 09/853,862

Date filed: 19-Aug-2001

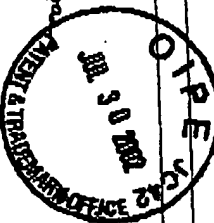
Title: Organization And Method For Normalizing Impaired Or Deteriorating

Neurological Function

- ☐ Provisional Application for Patent Cover Sheet \_\_\_\_\_ page(s) ☐ Drawings (\_\_\_\_\_ sheets)
- ☐ Specification \_\_\_\_\_ page(s) ☐ No. FIGS \_\_\_\_\_
- ☐ Response to Missing Parts \_\_\_\_\_ page(s) ☐ Informal / ☐ Informal
- ☒ Continued Prosecution and POA \_\_\_\_\_ page(s) ☐ IDS \_\_\_\_\_ page(s)
- ☐ Recordation Form Cover Sheet \_\_\_\_\_ page(s) ☐ cited US ref. \_\_\_\_\_
- ☐ Assignment \_\_\_\_\_ page(s) ☐ cited foreign ref. \_\_\_\_\_
- ☒ Transmitted \_\_\_\_\_ page(s) ☐ cited other ref. \_\_\_\_\_
- ☐ Ext of time \_\_\_\_\_ page(s)
- ☐ Amendment \_\_\_\_\_ page(s)
- ☐ Issue Fee Transmitted \_\_\_\_\_ page(s) ☐ Deposit Acct / amount of \$ \_\_\_\_\_
- Payment: ☐ Check No. \_\_\_\_\_ ☐ Deposit Acct / amount of \$ \_\_\_\_\_
- Other: Change of Correspondence Address Form (PTO/SB/122 Q page)

Atty Pat. 1001 ☒ 1<sup>st</sup> Class Mail ☐ Express Mail Label No. \_\_\_\_\_

Atty Docket No. 12939.104 Date Mailed: 23-July-2002



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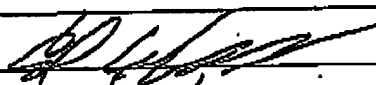
Approved for use through 10/31/2002. OMB 0651-0031

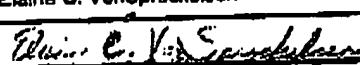
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/837,562	
	Filing Date	19 Apr 2001	
	First Named Inventor	Larry McCleary	
	Group Art Unit	1623	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	12439.104 (Formerly 12439.101B)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Associate Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carl A. Forest
Signature	
Date	7/23/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 23-July-2002			
Typed or printed name	Elaine C. VonSpreckelsen	Date	July 23, 2002
Signature			

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